

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101587,242

FILING DATE

7-26-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17	e					
18			1			
19			1			
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43		1				
44		1				
45		1				
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
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96						
97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.					63	
TOTAL CLAIMS					68	